Form 5500-R

Department of the Treasury Internal Revenue Service

Department of Labor Pension and Welfare Benefit Programs Pension Benefit Guaranty Corporation

Registration Statement of Employee Benefit Plan

(With fewer than 100 participants)

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 and section 6058 of the Internal Revenue Code, referred to as the Code.

19**80** Amended F

This Form is Open to Public Inspection

313-204-1

		· · · · · · · · · · · · · · · · · · ·	<u>-</u>
or the	calendar plan year 1980 or fiscal plan year beginning	, 1980, and ending	, 19 .
► File	this form for the plan years that Form 5500–C or Form 5500–K i	is not required to be filed. (See instruction B.)	
	e or complete this form in ink, and file the original. ny item does not apply, enter "N/A."		
ise RS	1 (a) Name of plan sponsor (employer if for a single employer	plan) 1 (b) Employer identifica	tion number
abel.)ther- /ise,	Address (number and street)	1 (c) Sponsor's telephon	e number
lease rint r type.	City or town, State and ZIP code	1 (d) This form is filed inste	
	Name of plan administrator (if other than plan sponsor)	1 (e) If plan year char return/report chec	
	Address (number and street)	2 (b) Administrator's employ	er identification no.
,	City or town, State and ZIP code	2 (c) Administrator's tel	ephone number
3 Nan	ne, address, and employer identification number of plan sponsor and/or plan	administrator as shown on the latest return/report filed fo	r this plan, if differ-
	from 1 or 2 above: (a) Sponsor		
	Administrator >	A (h) Effective date of plan	
4 (a)	Name of plan ▶	4 (b) Effective date of plan 4 (c) Enter three digit plan number	1 1 1
		1 4 (c) Enter three digit plan number	<u>l i i</u>
	e of plan: Defined benefit		
(b)			
(c)	Welfare benefit		
(d)	Lad		
6 Pla	n information:		Yes No
(a)	Was this plan terminated during this plan year or any prior plan	ı year?	.
(b)	If (a) is "Yes," were all trust assets distributed to participants	or beneficiaries or transferred to another plan?	
(c)	Was this plan amended during this plan year to reduce any pa	rticipant's accrued benefits?	·
(d)	If this is a defined benefit plan or a defined contribution plan	subject to the minimum funding standards, has	5
	the plan experienced a funding deficiency for this plan year 5500))?	(defined benefit plans attach Schedule B (Forn	n .
	If (d) is "Yes," have you filed Form 5330 to pay the excise tax?		•
(f)	Is this plan covered under the Pension Benefit Guaranty Corp termination insurance program?	poration 	t
(g)	(i) If (f) is "Yes," or "Not determined," did any event requiring	ng notice to the Pension Benefit Guaranty Corpo	-
	ration occur during this plan year?		- <i>\(\(\(\(\(\(\(\)\\\\\\\\\\\\\\\\\\\\\\</i>
(h)	Total participants:		
	(i) Beginning of plan year		
	(ii) End of plan year		
(i)	If plan benefits were provided by an insurance company, insurance of Schedules A (Form 5500) attached		1//////////////////////////////////////
(j)	(i) During this plan year or the prior plan year, was any parti vested benefit for which a Schedule SSA (Form 5500) is rec	quired to be attached?	
	(ii) If "Yes," enter the number of separated participants require r penalties of perjury and other penalties set forth in the instructions, I declare that of my knowledge and belief it is true, correct and complete.		nd statements, and to
ate ►	Signature of employer/plan sponsor		
-	•		
ate 🛌	Signature of plan administrator		

Form 5500-R (1980) Page 2

7	Fidu	uciary information during this plan year:	Yes	No
	(a)	Did any plan fiduciary who is an officer or employee of the plan sponsor receive compensation from the plan for		
		his or her services to the plan?		
	(b)	Did the plan acquire any qualifying employer security or qualifying employer real property, when immediately		
		after such acquisition the aggregate fair market value of employer securities and employer real property held by		
		the plan exceeded 10% of the fair market value of the plan assets?		
	(c)	Did the plan receive any non-cash contributions?		
	(d)	Has any plan fiduciary had either a financial interest worth more than \$1,000 in any party providing services		
		to the plan or received anything of value from any party providing services to the plan?	l	
	(e)	Has any employer owed the plan contributions which were more than three months past due under the terms of		
		the plan?	ļ	
	(f)	Were any loans the plan made or fixed income obligations due the plan in default as of the end of the plan year		
		or classified as uncollectable?		
	(g)	Were any leases to which the plan was a party in default or classified as uncollectable?		
	(h)	Party-in-interest information:		
		(i) Did the plan lend assets to, borrow from, or guarantee any indebtedness of a party-in-interest?		
		(ii) Has the plan purchased any assets from or sold any assets to a party-in-interest?		
		(iii) Has the plan leased property to or from a party-in-interest?		